

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8/30/2017	Coffee Beanery
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>	TIME IN	PERMIT HOLDER
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	2:05pm	Han Corporation
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	TIME OUT	LOCATION (Address)
Other	<input type="checkbox"/>	<input type="checkbox"/>	4:50pm	Lot 5013-3-1 5047-1-2 #1088
RATING			SANITARY PERMIT NO.	W. Marine Corps Dr # C-207, Micronesia Naval Base
B			170002347	
ESTABLISHMENT TYPE			AREA	TELEPHONE
Coffee shop			1	645-51
			No. of Risk Factor/Intervention Violations	RISK CATEGORY
			2	1
			No. of Repeat Risk Factor/Intervention Violations	
			0	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Supervision			
1 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Management awareness; policy present			
3 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Hands clean and properly washed			
7 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Food obtained from approved source			
10 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Food received at proper temperature			
11 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Food in good condition, safe, and unadulterated			
12 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		6
Food separated and protected			
14 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		6
Food contact surfaces: cleaned & sanitized			
15 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Potentially Hazardous Food (TCS Food)			
16 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper cooking time and temperatures			
17 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper reheating procedures for hot holding			
18 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper cooling time and temperatures			
19 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper hot holding temperatures			
20 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper cold holding temperatures			
21 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A	N/O	6
Proper date marking and disposition			
Consumer Advisory			
22 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		6
Pasteurized foods used; prohibited foods not offered			
Chemical			
24 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		6
Food additives: approved and properly used			
25 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 <input type="radio"/> IN <input checked="" type="radio"/> OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Safe Food and Water			
27 <input type="checkbox"/>			1
Pasteurized eggs used where required			
28 <input type="checkbox"/>			2
Water and ice from approved source			
29 <input type="checkbox"/>			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30 <input type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control			
31 <input type="checkbox"/>			1
Plant food properly cooked for hot holding			
32 <input type="checkbox"/>			1
Approved thawing methods used			
33 <input checked="" type="checkbox"/>			1
Thermometer provided and accurate			
Food Identification			
34 <input type="checkbox"/>			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 <input type="checkbox"/>			2
Insects, rodents, and animals not present			
36 <input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display			
37 <input type="checkbox"/>			1
Personal cleanliness			
38 <input type="checkbox"/>			1
Wiping cloths: properly used and stored			
39 <input type="checkbox"/>			1
Washing fruits and vegetables			
Proper Use of Utensils			
40 <input type="checkbox"/>			1
In-use utensils; properly stored			
41 <input type="checkbox"/>			1
Utensils, equipment and linens: properly stored, dried, handled			
42 <input type="checkbox"/>			1
Single-use/single-service articles: properly stored, used			
43 <input type="checkbox"/>			1
Gloves used properly			
Utensils, Equipment and Vending			
44 <input type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input type="checkbox"/>			1
Warewashing facilities: installed, maintained, used; test strips			
46 <input checked="" type="checkbox"/>			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 <input checked="" type="checkbox"/>			2
Hot & cold water available, adequate pressure			
48 <input type="checkbox"/>			2
Plumbing installed; proper backflow devices			
49 <input type="checkbox"/>			2
Sewage and wastewater properly disposed			
50 <input type="checkbox"/>			2
Toilet facilities: properly constructed, supplied, & cleaned			
51 <input type="checkbox"/>			2
Garbage/refuse properly disposed; facilities maintained			
52 <input checked="" type="checkbox"/>			1
Physical facilities installed, maintained, and clean			
53 <input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54 <input type="checkbox"/>			2
Sanitary Permit, Health Certificates valid and posted			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Elizabeth Ulloa
DEH Inspector (Print and Sign) Deven Mitchell EPHO-#

Date: 8/30/17

Follow-up (Circle one): YES NO

Follow-up Date 9/7/2017

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TEMPERATURE OBSERVATIONS

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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	A regular inspection was conducted on this day and the following violations were observed. Previous inspection conducted on 10/25/2012 10/A	
#6	Employees not washing hand with hot water. Employees shall wash hands with hot water to prevent contamination of food/equipment.	9/9/17
#8	Hand sink not provided with hot water. All hand sinks shall be provided with hot water to allow thorough hand washing.	9/9/2017
#33	Thermometer not provided for all chillers. Thermometers shall be provided for all chillers/freezers	9/30/2017
#46	Exterior to ^{the} surface of food equipment has stains. All non-food contact surfaces of equipment shall be free of any stains to prevent any contamination of food/equipment	9/30/2017
#52	Floors and walls in kitchen areas in disrepair. All floors/walls shall be in good repair to allow thorough cleaning	

Date _____

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